

**INITIAL CONSULTATION QUESTIONNAIRE – PATERNITY**

Today's Date \_\_\_\_\_

**CLIENT INFORMATION**

**HOW DID YOU HEAR ABOUT OUR OFFICE?**

Full Name:		Date of Birth:	
Driver's License #:	Social Security #:		Place of Birth:
Physical Address:			
City:	County:	State:	Zip Code:
Mailing Address (if different):			
City:	County:	State:	Zip Code:
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	
Email Address:		Are you married? [ ] YES [ ] NO	
If YES, Spouse's Name:		Cell Phone Number:	

**OTHER PARENT'S INFORMATION**

Full Name:		Date of Birth:	
Driver's License #:	Social Security #:		Place of Birth:
Physical Address:			
City:	County:	State:	Zip Code:
Mailing Address (if different):			
City:	County:	State:	Zip Code:
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	

**CHILDREN THE SUBJECT OF THIS SUIT**

Full Name:		Date of Birth:	
[ ] Male [ ] Female	Social Security #:		Place of Birth:
Full Name:		Date of Birth:	
[ ] Male [ ] Female	Social Security #:		Place of Birth:
Full Name:		Date of Birth:	
[ ] Male [ ] Female	Social Security #:		Place of Birth:

**OTHER INFORMATION**

Has there been DNA testing ordered?: [ ] YES [ ] NO	If yes, has the DNA testing been completed?: [ ] YES [ ] NO
Did alleged father sign birth certificate?: [ ] YES [ ] NO	